

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90015 045 ****61.25

DOCUMENT # N00000002385

1. Entity Name
**HOBE SOUND/PORT SALERNO ROTARY CLUB CHARITY
FUND INC.**



Principal Place of Business
**2608 SE WILLOUGHBY BLVD
STUART, FL 34994**

Mailing Address
**2608 SE WILLOUGHBY BLVD
STUART, FL 34994**

40007805



01252005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-1020408

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WHIPPEN, WILLARD H
6012 WALKERS CAY COURT
STUART, FL 34997**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **SMEDS, ROGER**
STREET ADDRESS **4455 TRIBOUT LANE**
CITY-ST-ZIP **STUART, FL 34997**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **WHIPPEN, WILLARD H**
STREET ADDRESS **6012 WALKERS CAY COURT**
CITY-ST-ZIP **STUART, FL 34997**

TITLE **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **MOODY, FLO**
STREET ADDRESS **4189 KUBIN STREET**
CITY-ST-ZIP **STUART, FL 34997**

TITLE **VD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **GILLIS, GENE**
STREET ADDRESS **8343 SE ANGELINA COURT**
CITY-ST-ZIP **HOBE SOUND, FL 33455**

TITLE **SD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **SCOTT, DON**
STREET ADDRESS **6444 GAINES AVE**
CITY-ST-ZIP **STUART, FL 34997**

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **JEFFERY GILLMAN**
STREET ADDRESS **2608 SE WILLOUGHBY BLVD**
CITY-ST-ZIP **STUART, FL 34994**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Willard H. Whippen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Willard H. Whippen 1-25-05 472-24-9193
Date Daytime Phone #